

Washington State Health Care Authority

Development of a Core Measure Set for Washington

Update for the Performance Measures Coordinating Committee (PMCC)

September 5, 2014



Housekeeping

- **Today's Meeting will be Recorded**
- **WIFI Access**
- **Breaks**
- **Please Silence Electronics**

Objectives for Today's Meeting

- Review previous decisions and actions of the legislature and this committee which are shaping the measurement selection process that is underway
- Discuss progress to date and provide feedback to technical workgroups
- No decisions today

Our Agenda

1. Welcome and Introductions
2. Open Meetings Training
3. Review Decisions and Actions to Date
4. Status Reports from Technical Workgroups
 - a. Prevention
 - b. Acute Care
 - c. Chronic Illness
5. Next Steps for Workgroups
6. Public Comment
7. Wrap-up and Next Steps

Public Process

- **Maintaining a transparent process paramount**
- **Many public comment opportunities**
 - ❖ All Performance Committee meetings open to the public
 - ❖ Workgroup meetings open to public in listen-mode with opportunity to comment at end of meeting
 - ❖ All draft recommendations and documents posted for public comment
 - ❖ Comments can be submitted to HCA anytime (via Healthier WA web page, www.hca.gov/shcip)
- **Meeting summaries posted on Healthier WA Performance Measures web page at:**
http://www.hca.wa.gov/shcip/Pages/performance_measures.aspx

2. Open Meetings Training

Open Government Training

Public Meetings



Presented by
Melissa Burke-Cain, Senior Counsel
Office of the Attorney General of Washington



Washington's Open Public Meetings Act (OPMA)

- Passed in 1971, RCW 42.30
- Public is Sovereign; Government is accountable.
- Their actions and deliberations conducted openly;
- Allows the public to view the “decision-making process.



OPMA Applies To:

- Multi-member public state and local agencies, such as boards and commissions created by statute.
- PMCC is created by RCW 41.05.690.
- Municipal corporations or political subdivisions of Washington—Local government;
- Sub agencies of a public agency which is created by or pursuant to statute or ordinance.

OPMA Does Not Apply To:



- Entities:
 - Courts;
 - Legislature;
 - Agencies governed by a single individual;
 - Private organizations.
- Activities:
 - Licensing/permitting;
 - Quasi-judicial matters;
 - Matters governed by the Washington Administrative Procedure Act, RCW 34.05;
 - Collective bargaining.

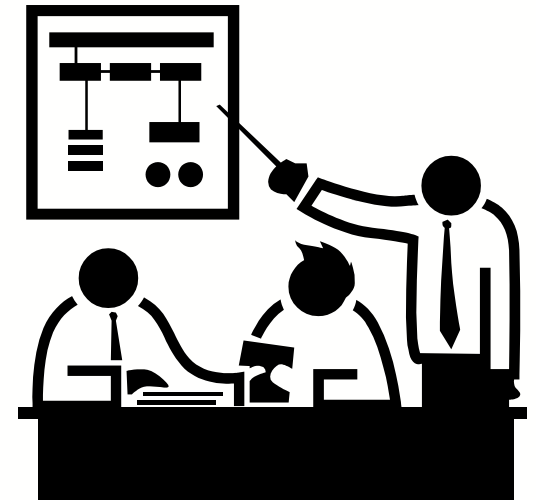
What is a Governing Body?

- The **multimember board or other policy or rule-making body**

OR

- Any **committee** of such public agency *when*:
 - the committee acts on behalf of the governing body,
 - conducts hearings, or
 - takes testimony or public comment

~ RCW 42.30.020



Action

- “**Action**” means the transaction of the official business of the public agency and includes but is not limited to:
 - Public testimony
 - All deliberations
 - Discussions
 - Considerations
 - Reviews
 - Evaluations
 - Final actions



The requirements of the OPMA are triggered whether or not “final” action is taken.

Final Action

- “**Final action**” is a collective positive or negative decision, or an actual vote, by a majority of the governing body, or by the “committee thereof”
- Must be taken in public, even if deliberations were in closed session
- Secret ballots are not allowed



Travel and Gathering

- A majority of the members of a governing body may travel together or gather for purposes other than a regular meeting or a special meeting, so long as no action is taken.
- Discussion or consideration of official business would be action, triggering the requirements of the OPMA.



“Regular” Meetings



- **“Regular meetings”** are recurring meetings held in accordance with a periodic schedule by ordinance, resolution, bylaws or other rule.
- A state public agency must:
 - File a schedule of regular meetings each year including time and place. (Code Reviser)
 - Publish changes to regular meeting schedule at least 20 days prior to new date. (State Register)

“Regular” Meetings (Website Posting)

- Effective June 12, 2014, new agenda notice requirements for to regular meetings.
- OPMA now requires the regular meeting agenda be posted online 24 hours in advance of the published start time of the meeting.



But:

- *Exempts agencies with out a website or*
- *fewer than 10 full-time employees.*
- *Allows changes to agenda*
- *Legal actions taken are still valid without posting.*
- *Does not satisfy public notice requirements in other laws.*
- *Does not provide a basis to award attorneys fees or seek court order under OPMA.*

“Special” Meetings



- A “**special meeting**” is a meeting that is not a regular meeting (not a regularly scheduled meeting).
- Called by presiding officer or majority of the members
- Notice - timing: **24 hours before the special meeting, written notice must be:**
 - Each **member** of the governing body;
 - Each **local newspaper of general circulation, radio, and TV station** which has a notice request on file;
 - Posted on the **agency’s website** --- with certain exceptions. ;
 - **Displayed at the main entrance** of the Agency’s headquarters and the meeting site (if different location).

“Special” Meetings



- Notice - contents: The special meeting notice must specify:
 - Time and Place;
 - Business to be transacted (agenda);
 - Final disposition shall not be taken on any other matter at such meeting.



Public Attendance and Participation

- No condition precedent to attend —such as a sign in, provide other information, or complete a questionnaire.
- Reasonable rules of conduct can be set
- Cameras and tape recorders are permitted unless disruptive.
- No “public comment” period required by OPMA; but “public comment” is a best practice and may be required by other laws.



Interruptions and Disruptions

- The OPMA details procedure for dealing with meeting interruptions.
- If orderly conduct of the meeting is unfeasible, and order cannot be restored by removal of the disruptive persons.
- Meeting room can be cleared and meeting can continue, or meeting can be moved to another location.
- Final action limited to matters on the agenda.



DISRUPTION

Executive Session

- Part of a regular or special meeting that is closed to the public
- Limited to specific purposes set out in the OPMA
- Executive session purpose, authority, and the time it will end must be announced by the presiding officer before it begins; time may be extended by further announcement



Executive Sessions

Specified purposes set out in OPMA.

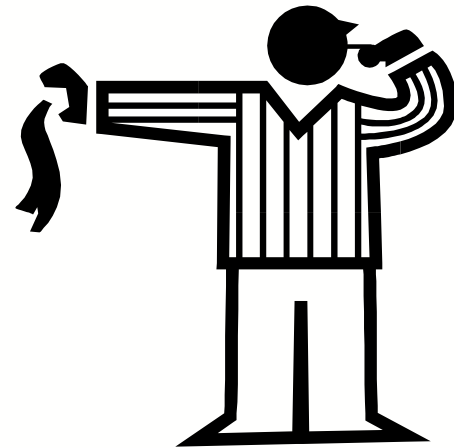


Examples:

- National security
- Publicly bid contracts
 - Review negotiations on performance
 - Public knowledge would like increase costs
- Evaluate qualifications of applicant for public employment
- Meet with legal counsel regarding enforcement actions, litigation or potential litigation

Penalties for Violating the OPMA

- A court can impose a \$100 civil penalty against each member (personal liability)
- Court will award costs and attorney fees to a successful party seeking the remedy
- Action taken at meeting can be declared null and void



Summary

- Multi-member commissions generally do business in public view. OPMA and other laws may govern.
- OPMA defines “Action” broadly.
- “Final Action” always taken in public; no secret ballots.
- Avoid taking “action” during travel and breaks; don’t create a “virtual” meeting.
- Specific notice is required for “Regular” and “Special” Meetings.
- Public is allowed to attend with no preconditions; OPMA does not require public comment.
- Board can impose rules of conduct; OPMA has processes for disruptions.
- Executive sessions occur only in specific, limited situations.
- Personal liability can be a consequence if OPMA is violated.

3. Review Decisions and Actions to Date

Review Decisions and Actions to Date

- **Intended Use of Measures/Results**
- **Charge to workgroups**
- **Workgroup membership**
- **Measure selection criteria**
- **Measure selection process used by workgroups**
- **Opportunity for input from non-workgroup members**
- **Strengths and Challenges**

Purposes of the Measure Set

- Per ESHB 2572, the measures are intended to:
 - ✓ inform public and private health care purchasers, and
 - ✓ enable identification of goals to track costs and improve health care outcomes.

Additional Uses of the Measure Set

(Approved by PMCC)

- **Promotion of voluntary alignment of measures across state and private payers**
- **Dissemination of comparative performance information to consumers, providers, purchasers and policymakers**
- **Identification of opportunities to improve value of health care provided through delivery systems**
- **Application to performance-based payment arrangements and other contract requirements**

Role of the Workgroups

- There are three technical workgroups – prevention, acute care and chronic illness
- Each work group will:
 - be responsible for reviewing and recommending up to 15 measures, *based on measurement selection criteria approved by the PMCC*
 - consider and propose if and how to stratify selected measures by population
 - develop a “parking lot” of high priority measures for potential future use

Timeframe for the Work

- Technical workgroups are meeting every two to three weeks; each group has met 4 times thus far
- Progress report to Performance Measurement Coordinating Committee (PMCC) on September 5
- Recommendations to PMCC presented at October 31 meeting
- Workgroups refine recommendations based on feedback
- PMCC finalizes recommendations at December 17 meeting
- PMCC recommendations due to HCA by December 31, 2014

Workgroup Membership: Prevention

Jennifer Allen	Planned Parenthood Votes Northwest
Joan Brewster	Grays Harbor Public Health & Social Services
Ian Colbridge	WA State Hospital Association
Bev Green	Group Health Research Institute
Jeffrey Harris	UW Health Promotion Research Center
Jesus Hernandez	Community Choice (Wenatchee)
Dan Kent	Premera Blue Cross
Mark Koday	Yakima Valley Farmworkers Clinic
Mary Kay O'Neill	Regence Blue Shield
Janet Piehl	UW Neighborhood Clinics
Bailey Raiz	Community Health Plan of WA
Kyle Unland	Spokane Regional Health District
Kristen Wendorf	Seattle King County Public Health

Alice Lind and Laura Pennington from HCA also routinely attend.

Workgroup Membership: Acute Care

Connie Davis	Skagit Regional Health
Mark Delbeccaro	Seattle Childrens
Tim Dellit	University of Washington
Sue Dietz	Critical Access Hospital Network
Jennifer Graves	WA State Nurses Association
Patrick Jones	Eastern WA University Institute for Public Policy and Economic Analysis
Kim Kelley	DOH Critical Access Hospital Program
Dan Kent	Premera Blue Cross
Michael Myint	Swedish Health Services
Terry Rogers	Foundation for Healthcare Quality
Carol Wagner/Larry Schecter	WA State Hospital Association

Alice Lind and Laura Pennington from HCA also routinely attend.

Workgroup Membership: Chronic Illness

Christopher Dale	Swedish Health Services
Stacey Devenney	Kitsap Mental Health Services
Erin Hafer	Community Health Plan of WA
Kimberley Herner	UW/Valley Medical Center Clinic Network
Jutta Joesch	King County
Dan Kent	Premera Blue Cross
Julie Lindberg	Molina Health Care of Washington
Paige Nelson	The Everett Clinic
Kim Orchard	Franciscan Health System
Larry Schechter	WA State Hospital Association
Julie Sylvester	Qualis Health

Alice Lind and Laura Pennington from HCA also routinely attend.




Measure Selection Criteria

Required by Legislation:

1. The measure set is of manageable size.
- ★ 2. Measures are based on *readily available* health care insurance claims and/or clinical data, and survey data.
- ★ 3. Preference should be given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies.
4. Measures assess overall system performance, including outcomes and cost.
5. The measure set is aligned to the extent possible with the Governor's performance management system measures and common measures specific to the Medicaid program.
6. The measure set considers the needs of different stakeholders and populations served.
7. The measure set is useable by multiple parties (payers, providers, hospitals, health systems, public health and communities).

Measure Selection Criteria

Added by the Performance Measurement Committee:

-  **8.** Measures should be aligned with national measure sets and other measure sets commonly used in Washington, whenever possible.
-  **9.** Measures should indicate significant potential to improve health system performance in a way that will positively impact health outcomes (including morbidity, disability, mortality, health equity, and quality of life) and reduce costs.
- 10.** Measures should be amenable to influence of health care providers.
-  **11.** Each measure should be valid and reliable, and produce sufficient numerator and denominator size.

Approach to Measure Set Development

- Start with points of alignment in existing measure sets
- Consider possible addition of measures based on consideration of:
 - the greatest opportunities for improvement;
 - areas of focus of the State Health Innovation Plan; and
 - a library of available measures.

Measure Selection Process . . .this is an iterative process

We utilize worksheets that are updated for each meeting.

1. Began with review of aligned measures
2. Re-organized worksheets by high priority topics*
3. Added additional measures recommended by group members, the public and from Bailit's measures library
4. Review measures by topic; discuss whether to include measures (yes/no/maybe/parking lot)
 - No's are eliminated from further consideration
 - Take second pass through the yes/maybe list
5. Review entire list within domain and narrow recommended measures (not to exceed 15)
 - Consider recommendations from other workgroups
 - Consider feedback from PMCC and others
6. Review parking lot list to finalize as recommendations for the future
7. All three workgroups will review the entire list of measures (not to exceed 45)

High Priority* Topics by Workgroup

PREVENTION	ACUTE CARE	CHRONIC ILLNESS
Adult Screening(s)	Avoidance of Overuse	Asthma
Behavioral Health/Depression	Behavioral Health	Care Coordination
Childhood: early and adolescents	Cardiac	Depression
Immunizations	Cost and Utilization	Diabetes
Nutrition/ Physical Activity/ Obesity	Readmissions/Care Transitions	Drug and Alcohol Use
Obstetrics	Obstetrics	Functional Status
Oral Health	Patient Experience	Hypertension and Cardiovascular Disease
Safety/Accident Prevention	Patient Safety	Medications
Tobacco Cessation	Pediatric	
Utilization	Potentially Avoidable Care	
	Stroke	

Object of Measurement

- The measure set may be used to assess hospitals and medical groups (including integrated health systems), health plans, or geographic regions (counties, ACH).
 - Some measures can apply to both providers and health plans, while some may only be applicable to one or the other.
 - Health plan measures applied to providers may not yield the exact same result.
- The measure set will use common measures wherever possible across payer types, minimizing exceptions. Measure set may include separate measures for commercial and Medicaid populations on a limited basis.

We anticipate that our final recommendations will include:

1. Recommended “Starter Set” Measures

— For each measure:

- Measure definition
- Measure Owner/Steward
- Type of data required for measurement
- Recommended source of data in Washington
- Unit(s) of analysis (i.e., target(s) of measurement)
- Whether and how the measure should be stratified

2. Recommendations for future consideration

- ### — Include topics or specific measures considered to be high priority for the future (not measureable in near term)

Opportunity for Input

- Workgroup members may attend meeting in person or via phone/webinar
- Any non-workgroup member may register to attend via phone/webinar in listen mode
- Phone line is open at the end of each meeting for comments
- Written comments are happily accepted at any time and promptly distributed to all workgroup members
- Feedback through Performance Measures Coordinating Committee

Our Challenges Overall

- Short time-frame for large, important piece of work
- Frustration with limited number of good measures that can be activated in the near term with readily available data
- “Starter Set” will not accommodate all interests

Our Strengths Overall

- Bailit Health Purchasing, Alliance and HCA make a good team
- Dedicated, thoughtful workgroups with good representation—groups have been task focused, with good dialogue
- Iterative process for decision-making and selection criteria very helpful

Questions for clarification before we
begin our workgroup
status reports?

4. Technical Workgroups Status Reports

Status Reports – Introductory Comments

- We are mid-way through our work.
Nothing is final . . . Everything is draft.
We haven't gotten through all of our tasks.
- This is a **STARTER SET** of measures.
We are focused on what is doable in the near term with readily available health care insurance claims and/or clinical data, and survey data.
- We know that the measure set will change over time as priorities, measurement capability and nationally vetted measures evolve.
- We agree that (1) we need to build a robust infrastructure within WA that will enable measurement of intermediate and long term health outcomes and pricing, and (2) that infrastructure does not exist today.

4a. Prevention Measures Workgroup

Jeffrey Harris, MD

Kate Bazinsky

Susie Dade

Prevention Measures

Topics Covered to Date

COVERED	NOT YET COVERED
Adult Screening(s)	Obesity/BMI
Behavioral Health/Depression	Obstetrics
Childhood: early and adolescents	Oral Health
Immunizations	Safety/Accident Prevention
Nutrition/Physical Activity	Utilization
Tobacco Cessation	

Prevention Measures

OVERVIEW (# of Measures)

Tentatively YES	Tentatively MAYBE	NO, Eliminated from Further Consideration	Parking Lot
12	0	37	5

Prevention Measures - YES (draft as of 8/21/14)

Measure	NQF#	Measure Steward	Data Source
Cervical Cancer Screening	0032	NCQA	Claims
Chlamydia Screening	0033	NCQA	Claims
Breast Cancer Screening	--	NCQA	Claims
Colorectal Cancer Screening	0034	NCQA Modified	Claims
Well-Child Visits (3 rd , 4 th , 5 th , 6 th Years of Life)	1516	NCQA	Claims
Child/Adolescent (12 mo – 19 yrs) Access to PCPs	--	NCQA	Claims
Childhood Immunization Status (\leq 2 years)	0038	NCQA	WA IIS
Adolescent Immunization Status (\leq 13 years)	1407	NCQA	WA IIS
HPV Vaccine for Female <u>and Male</u> Adolescents	1959	NCQA Modified	WA IIS
Influenza Immunization	0041	AMA-PCPI	WA IIS
Pneumonia Vaccination for Older Adults	0043	NCQA	WA IIS
Medical Assistance with Tobacco Use Cessation	0027	NCQA	CAHPS Survey

Prevention Measures

PARKING LOT TOPICS/MEASURES FOR FUTURE CONSIDERATION:

- **Body Mass Index
(adults, children/adolescents)**
- **Depression Screening and Follow-up**
- **School-age Immunizations**
- **Risky Behavior Assessment and Counseling**
 - **alcohol, tobacco, other substance abuse**
 - **sexual activity**
- **Adverse Childhood Trauma**

Prevention Measures Feedback/Discussion



4b. Chronic Illness Measures Workgroup

Larry Schechter, MD

Michael Bailit

Susie Dade

Chronic Illness Measures – Topics Covered to Date

COVERED		NOT YET COVERED	
Asthma		Utilization	
Care Coordination		Cost	
Depression			
Diabetes			
Drug and Alcohol Use			
Functional Status			
Hypertension and Cardiovascular Disease			
Medications			

Chronic Illness Measures

Tentatively YES	Tentatively MAYBE	NO, Eliminated from Further Consideration	Parking Lot
9	1	57	13

Chronic Illness Measures-YES_(draft as of 8/22/14)

Measure	NQF#	Measure Steward	Data Source
Diabetes Care – Eye Exam	0055	NCQA	Claims
Diabetes Care – HbA1c Testing	0057	NCQA	Claims
Diabetes Care – Screening for Nephropathy	0062	NCQA	Claims
Anti-depressant Medication Management	0105	NCQA	Claims
Use of Appropriate Medications for Asthma	0036	NCQA	Claims
Use of Spirometry Testing in Assessment of COPD	0577	NCQA	Claims
Cholesterol-lowering Medications (Statins) for Coronary Artery Disease	--	ACC and AHA	Claims
ACE-I/ARB: Persistent Use with Lab Monitoring	--	NCQA	Claims
Pharmacy: Percent Generic (Antacid, Antidepressant, Statins, ACE/ARBs, ADHD)	--	Alliance	Claims

Chronic Illness Measures – MAYBE

(draft as of 8/22/14)

Measure	NQF#	Measure Steward	Data Source
Medication Management: Proportion of Days Covered, 5 Rates by Therapeutic Category (Beta Blockers, ACE/ARB, Calcium-Channel Blockers, Diabetes medications, Statins)	0541	Pharmacy Quality Alliance	Claims

Chronic Illness Measures

PARKING LOT TOPICS/MEASURES FOR FUTURE CONSIDERATION:

- **Blood Pressure Control (Diabetes, Hypertension/CAD)**
- **HbA1c Control (Diabetes)**
- **Depression screening and management, particularly for patients with one or more chronic disease diagnoses**
- **Drug and Alcohol Use: Screening, Brief Intervention or Referral to Treatment (SBIRT)**
- **Asthma medication adherence and outcomes**
- **COPD medication adherence and therapy**
- **Follow-up care for children prescribed ADHD medication**
- **Documentation of advanced care planning**
- **Migraine Management**

Chronic Illness Measures Feedback/Discussion



4c. Acute Care Measures Workgroup

Larry Schechter, MD

Beth Waldman

Susie Dade

Acute Care Measures

Topics Covered to Date

COVERED	NOT YET COVERED
Avoidance of Overuse	Potentially Avoidable Care
Behavioral Health	Cost of Care
Cardiac	
Obstetrics	
Patient Experience	
Patient Safety	
Pediatric	
Readmissions/Care Transitions	
Stroke	
Utilization	

Acute Care Measures

OVERVIEW (# of Measures)

Tentatively YES	Tentatively MAYBE	NO, Eliminated from Further Consideration	Parking Lot
9	4	148	9

Acute Care Measures – YES (draft, as of 8/21/14)

Measure	NQF#	Measure Steward	Data Source
30-day All Cause Hospital Readmissions	1768	NCQA	Claims
Heart Attack Mortality	0230	CMS	Claims
NTSV C-Section(first baby, >37 weeks, one baby, head down)	0471	Joint Commission	Clinical: WSHA
Patient Experience Communication about Medicines, Discharge Instructions	0166	CMS	H-CAHPS Survey
Appropriate Testing for Children w/ Pharyngitis	0002	NCQA	Claims
Avoidance of Antibiotics in Adults with Acute Bronchitis	0058	NCQA	Claims
Outpatient MRI for Low Back Pain w/out Treatment	0514	NCQA	Claims
Follow-up After Hospitalization for Mental Illness	0576	NCQA	Claims
Stroke: Thrombolytic Therapy	0437	Joint Commission	Clinical: Hospital Compare

Acute Care Measures – Maybe (draft as of 8/21/14)

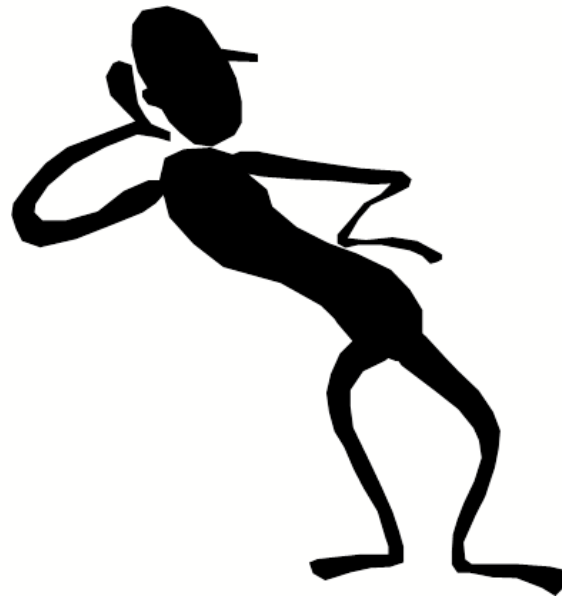
Measure	NQF#	Measure Steward	Data Source
Heart Failure Mortality	0229	CMS	Claims
Catheter-associated Urinary Tract Infection	0138	CDC	Clinical
Falls with Injury per Patient Day	--	--	TBD
Complications/Patient Safety (composite of 11 indicators)	0531	AHRQ	Claims

Acute Care Measures

PARKING LOT TOPICS/MEASURES FOR FUTURE CONSIDERATION:

- **Care transitions following hospital discharge**
- **Medication reconciliation**
- **Prenatal and postpartum care**
- **Pediatric Asthma**
- **Never events and adverse events**
- **Non medically-indicated inductions**
- **Systematic database for stroke care**
- **Outpatient minutes to transfer for acute coronary intervention**

Acute Care Measures Feedback/Discussion



5. Next Steps for Workgroups

Next Steps for Workgroups

- Each workgroup has five more meetings scheduled.
(We are hoping we do not need all five.)
- Finish our process taking your feedback, and the feedback of others, into consideration.
- “Near Final” (and maybe final) recommendations to PMCC on October 31
- *Refinements, if necessary*
- “Really final” recommendations to the PMCC on December 17

6. Opportunity for Public Comment

7. Wrap Up and Next Steps

Next Steps

- Meeting Summaries/materials will continue to be posted on the HCA website for public comment and feedback
 - Final two meetings of the Coordinating Committee.
 - October 31st
 - December 17th
- ✓ Recommend Measure Set
- ✓ Recommend Process for Updating Measure Set Over Time